

## SFY 2014 APPLICATION FOR FUNDING OF CERTIFIED EXTENDED EMPLOYMENT PROVIDER

NAME OF APPLICANT EE PROVIDER  Jan Malcolm, Chief Executive Officer	FUNDING PERIOD:  <b>7/1/13 - 6/30/14</b>
EE PROVIDER'S ADDRESS (Street, City, State, ZIP)  Allina Health Systems 3915 Golden Valley Road Golden Valley, MN 55422	

		Community Support Fund	Center Based Fund
<b>For VRS Use Only</b>	Certification Status:	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Requested	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Requested
SFY14 Current Contract ALLOCATION		\$185,074	\$
SFY14 New and Expanded ALLOCATION		\$	
SFY14 Funding Request TOTAL		\$185,074	\$

### APPLICANT ATTESTATIONS

We, the undersigned, acknowledge the acceptance of this application is contingent upon the Department's certification of the applicant's EE programs, pursuant to M. Rules, 3300.2010., subp. 2; and

We certify the information supplied in this application and supporting documents to be true and accurate; allocated funds will be used to provide services pursuant to Minnesota Rules, 3300.2005-3300.2055; and we shall ensure compliance with all contract requirements and all applicable statutes, rules and regulations.

SIGNATURE OF THE EXECUTIVE DIRECTOR OF THE EE PROVIDER ORGANIZATION	DATE
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